STATE OF NEW HAMPSHIRE

for LOBBYISTS

RECEIVED

AUG 01 2017

NEW HAMPSHIRE

2017 Statement of Income and Expenses (RSA Chapter 15) PLEASE PRINT

1118	PLEASE PRINT		DEPARTMENT OF STATE
I. Name of Lobbyist(s	MARK A. LAMB	SRT	
II. Name of lobbyist's	partnership, firm or corporation, i	f any:	
UNITIL GO	e of partnership, firm or corporation)		
	M LANE WEST, HA	MPTON NH 038	742
	•	, .	(Zip Code)
(603) 773, 647 (Telephone)	63) <u>173·66</u>	670 e-mail <u>LAMBEQ</u>	TQUNITIL. COM
	vers: (Choose one – file separate rep ansactions which are not attributab		y file a separate report for
All reportable trans	sactions occurring in the months prior	to the reporting date relative to the	following client:
_ UNITIL G	RPORATION		
	(Full Name of Client as it appears on the	Lobbyist Registration Form)	
OR ☐ All reportable transa unrelated to any particu	actions by the lobbyist (including the later client.	lobbyist's family), or the lobbying	firm listed below which are
IV. Date of Report	April 26, 2017	July 26, 2017	
Reports cover: activity	ty from date of registration to 3/31/17	activity from 4/1/17 to 6/30/17	
6	October 25, 2017 activity from 7/1/17 to 9/30/17	January 31, 2018 🗔 activity from 10/1/17 to 12/31/1	17
	no fees received and no reportal complete just this form and submit it to		
	al reports are attached:		
	ed fees or made expenditures, you mus		
Expense Reimbursemen			
If you, your firm, o	or your family has made political conti	ributions, you must file Addendur	n C- Political Contributions
	irmation by Lobbyist SA 15-B, RSA 14-C and RSA 664 and st of my knowledge and belief.		
Signature of lobbyist)		7 /26/17	(2)
MARK LAMBS (Print Name of lobbyis	ERT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,

PLEASE PRINT

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) MACK LAMBERT	
II. Name of lobbyist's partnership, firm or corporation, if any:	
UNITIC BEORATION (Name of partnership, firm or corporation)	
	, ,
III. Name of Client UNITIL CORPORATION	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services oss fee amount reported shall not be
a) Total of all fees received in this reporting period	a) \$ <u>8, 250</u>
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$O
c) Total of all fees received to date (Add lines a and b)	c)\$ <u>8,250</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 8 (b
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business st than \$10 that is given to the person ad with a value of \$25.00 or less); and orting period of greater than \$25.00 for le of greater than \$25, purchase of a ler than \$25, but not greater than \$50.00 per than \$25.00 points of greater than \$25.00 points of great
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.b) Total aggregate of expenditures during this reporting period, not reported	a)\$ 5,391
in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$_5,39/
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	ns <u>5,39/</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	
	7-26-17 (Date)
(Signature of 1000yrst)	(Date)
MARK LAMBERT	
(Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s) MARK LAMBE	RT
II. Name of lobbyist's partnership, firm or cor	poration, if any:
UNITIC COLPORATION (Name of partnership, firm or corporation)	
III. Name of Client UniTIL COPORAT	Tion Date 7/26/17
Political Contributions For each political contribution that is reportable client/lobbyist and lobbying firm, indicate the fo	pursuant to RSA Chapter 664 paid on behalf of the Illowing:
Full name of candidate: CONNITTEE TO (Last Name)	FLECT HOUSE DEMOCRATS (First Name) (Middle Name/Initial)
Amount of contribution \$ 500	
	a description of the goods or services provided, and enter the ve for amount of contribution. If the actual cost is not known,
Full name of candidate: NH DEWOCIATS (Last Name)	END OF SESSION RECEPTION
(Last Name)	
Amount of contribution \$ 1,000	Office Candidate is Seeking NH SENATE
	a description of the goods or services provided, and enter the ve for amount of contribution. If the actual cost is not known,
Full name of candidate: SENATE LEPUB (Last Name)	CLICAN MA JORITY PAC (First Name) Middle Name/Initial)



STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s)	MARK LAMBO	ERT	
II. Name of lobbyist's part			
UNITIC COLBRA (Name of partn	Hom	•	
	_		
III. Name of Client UN []	TIL CORBRAT	ion	Date 7/26/17
Political Contributions			/ /
For each political contribut			ter 664 paid on behalf of the
client/lobbyist and lobbying	g firm, indicate the fo	llowing:	
		T-0 0000 - 1	,
Full name of candidate: E	(Last Name)	(First Name)	(Middle Name/Initial)
			Seeking NH SENATE
Amount of contribution \$ 12	20	Office Candidate is	Seeking MA OENATC
	ribution on the line abo		s or services provided, and enter the tion. If the actual cost is not known,
			1. ii/ 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Evil and Care Vila			
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
			Seeking
			s or services provided, and enter the tion. If the actual cost is not known,
enter an estimated value and the			
1			
Full name of candidate:			
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)

actual cost of the in-kind contribution on the line above enter an estimated value and the word "estimate."	o to amount of controlation. If the detail cost is not know
(If more than three contributions were made, report additional	al contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and is true and complete to the best of my knowledge:	hereby swear or affirm that the foregoing informatio and belief.
Mal (maril)	7-26,17
Signature of lobbyist)	
MARK LAMBERT (Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: <u>UNITIC Collection</u> Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client):
Date of Report (check one):
April 26, 2017 □ July 26, 2017 ☑ October 25, 2017 □ January 31, 2018 □
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.
Signature of lobbyist) 7-26-17 (Date)
(Signature of Tobbyist) (Date)
MACK LAMBERT (Print Name of Johnviet)